

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
91921303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/		1	
2	1				—	—
3	1				1	
4	1				1	
5	1				1	
6	1				1	
7	1				1	
8	1				1	
9	1				1	
10	1		✓		1	
11	1				1	
12	1		✓		1	
13	1		✓		1	
14	1				1	
15	1				1	
16	1				1	
17	1				1	
18	1				1	
19	1				1	
20	1				1	
21	1				1	
22	1				1	
23	1				1	
24	1				1	
25	1				1	
26	1				1	
27	1				1	
28	1				1	
29	1				1	
30	1		✓		1	
31	1				1	
32	1		✓		1	
33	1				1	
34	1				1	
35	1				1	
36	1				1	
37	1				1	
38	1				1	
39	1				1	
40	1				1	
41	1				1	
42	1				1	
43	1		✓		1	
44	1		✓		1	
45	1				1	
46	1				1	
47	1				1	
48	1				1	
49	1				1	
50	1		✓		1	
TOTAL IND.	8				3	
TOTAL DEP.	61				24	
TOTAL CLAIMS	70				37	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1		✓		1	
65	1				1	
66	1				1	
67	1				1	
68	1				1	
69	1				1	
70	1				1	
71						
72						
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS